

**RECEIVED
CENTRAL FAX CENTER**

SEP 25 2007

COVER PAGE LISTING DOCUMENTS BEING TRANSMITTED VIA FACSIMILE

2 Pages Via Facsimile: 571-273-8300
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Certificate of Transmission
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (fax no. 571-273-8300) on September 25, 2007. 25/07 Caleb Pollack Reg. No. 37,912

Regarding the following Application:

Applicant(S): KAIDAR, Oren et al. Examiner: SOL, ANTHONY M

Serial No./ 10/603,859 Group Art Unit: 2616
Patent No.:

Filed/Issued Date: June 26, 2003 Attorney Docket No.: P-5753-US

Title: DEVICE, SYSTEM AND METHOD FOR CHANNEL SCANNING

Please find:

1. <input type="checkbox"/> Provisional Cover Sheet 2. <input type="checkbox"/> Utility Patent Application Transmittal 3. <input type="checkbox"/> RCE Transmittal Sheet 4. <input type="checkbox"/> Fee Transmittal Sheet 5. <input type="checkbox"/> Patent Application Under 35 USC 111(a) 6. <input type="checkbox"/> <input checked="" type="checkbox"/> Provisional Patent Application Under 35 USC 111(b) <input type="checkbox"/> Transmittal Sheet for Entering National Phase Containing: _____ Pages of Specification _____ Pages of Claims _____ Page of Abstract _____ Pages of Formal Drawings _____ Pages of _____ 6. <input type="checkbox"/> Signed Declaration & Power of Attorney 7. <input type="checkbox"/> Request for Correction of Recordation of Assign. and: - Recordation Cover Sheet - Copy of Notice of Recordation of Assign. 8. <input type="checkbox"/> Recordation of Assign. Cover Sheet & Signed Assign.	9. <input type="checkbox"/> Response to Notice to File Missing Parts 10. <input type="checkbox"/> Response to Notice of Incomplete Reply 11. <input type="checkbox"/> Request for Correction of Filing Receipt 12. <input type="checkbox"/> Information Disclosure Statement including: - Form PTO/SB/08 and references _____ 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Response to Office Action dated _____ 15. <input type="checkbox"/> Petition for a One Month(s) Extension of Time 16. <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief _____ 17. <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Publication Fee 18. <input type="checkbox"/> Submission of Formal Drawings: Two sets of _____ Sheets containing Figs. _____ 19. <input type="checkbox"/> Copy of Priority Doc. 20. <input type="checkbox"/> Claim for Convention Priority 21. <input type="checkbox"/> Revocation and Power of Attorney, including: - Statement Under 37 CFR 3.73(b) - Copy of Assignment 22. <input checked="" type="checkbox"/> Other: Change of Correspondence Address
--	--

**RECEIVED
CENTRAL FAX CENTER**

SEP 25 2007

Please type a plus sign (+) inside this box →

PTO/SB/122 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450	<i>Application Number</i>	10/603,859
	<i>Filing Date</i>	June 26, 2003
	<i>First Named Inventor</i>	KAIDAR, Oren
	<i>Group Art Unit</i>	2616
	<i>Examiner Name</i>	SOL, ANTHONY M
	<i>Attorney Docket Number</i>	P-5753-US

Please change the Correspondence Address for the above-identified application to:

Customer Number

49444

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Pearl Cohen Zedek Latzer, LLP		
Address	1500 Broadway		
Address	12th Floor		
City	New York	State	New York
Country	ZIP 10036		
Telephone	646-878-0800	Fax	646-878-0801

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant
- Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.
- Attorney or agent of record.

Typed or Printed Name	Caleb Pollack	Registration No.	37,912
Signature			
Date	September 17, 2007		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND COMPLETED FORMS TO THE FOLLOWING ADDRESS: Assistant Commissioner for Patents, Washington, DC 20231.